Understanding Quality Assurance Concepts

A Health Team Training on Quality Assurance

October 2000

INTRODUCTION

BACKGROUND

The Program Management Technical Advisors Team (PMTAT) is part of the Integrated Family Planning and Maternal Health Program (IFPMHP) funded by the United States Agency for International Development (USAID). PMTAT provides technical support to the Department of Health (DOH) and Local Governments Units (LGU) through the implementation of the Sentrong Sigla Movement and the LGU Performance Program (LPP). The Sentrong Sigla Movement integrates various public health programs and promotes the adoption of quality health care standards and the increase in service utilization.

LPP started in 1994 as a partnership of the DOH and LGUs to expand the devolved delivery of high quality family planning and selected maternal and child health services. LPP is focused on what is now known as Matching Grants Program (MGP) which provides technical assistance and performance-based grants, partially matched with funds from participating municipalities. LPP assists municipalities to prepare a grant application and implement various improvements in the delivery of health services according to their local needs. LPP also assists municipalities to meet Sentrong Sigla Standards and have their facilities certified as Sentrong Sigla.

Based on the experience of Management Sciences for Health (MSH) in other countries with a decentralized health system, and in the improvement of LGU performance and hospital management in the Philippines, PMTAT is pleased to present a series of modules for LGUs to improve the quality and sustainability of their health services. The module maybe used for formal training of health teams or as self-instructional teaching aids to improve management systems that expand service delivery and improve quality of health services.

This module on quality assurance is a part of a set of modules made available to participating LGUs in the Matching Grant Program of the LPP.

THE MODULE

This module on "Understanding Quality Assurance Concepts" is divided into two exercises with the following contents:

Exercise #1 Defining quality, quality assurance and quality improvement
Understanding quality improvement and corresponding tools and techniques
Organizing quality circles or quality improvement teams

Exercise #2 Understanding 5 "S" Concepts
Applying 5 "S" in the Workplace

Each exercise contains a checklist for facilitator/s, a simple plan for its goal, objectives and time needed for the technical contents. It also has a facilitator's column with notes and instructions to guide the health team's exercise.

This module is a good tool for local health teams who are interested in improving the quality of their health services and who are interested enough to actively participate in the health team exercises.

**WELCOME TO OUR
HEALTH TEAM TRAINING ON
QUALITY ASSURANCE!**

EXERCISE # 2

UNDERSTANDING QUALITY ASSURANCE CONCEPTS
This exercise focuses on:

❑ Understanding 5 "S" Concepts

❑ Applying 5 "S" in the Workplace

CHECKLIST FOR
THE FACILITATOR OF EXERCISE # 2

<u>Before</u> the meeting, you should do the following things. Please check them off when done:

❑ Read through the entire Exercise before the assigned day. Focus on the Facilitator's instructions (left-hand column) so you will know how to proceed.

❑ Be sure that a full 4 hours are available for this Exercise alone.

❑ Prepare the following materials for the Exercise:

    ❑ Materials: Flipchart stand and paper (or similar equipment). Pens for the flipchart. Transparencies, overhead projector, idea cards of different colors, permanent markers, masking tape and survey forms (Annex A).

❑ Make sure all members of the Health Team who will be participating know <u>when</u> and <u>where</u> to meet, and ask them to bring the following:

    1. Their exercise book.
    2. Paper and a pencil, if the health center cannot provide these.

<u>During</u> the meeting, remember that the facilitator is not expected to have all the answers! Your role is simply to guide the discussion by following the exercise book and facilitating everyone else's participation.

❑ During each Exercise, refer to the Facilitator's Notes provided in the left-hand column of every page. (Look for the Facilitator's symbol: ☞)

❑ Actively encourage everyone to participate!

❑ Encourage participants to respect and listen to everyone else's opinions.

❑ Encourage participants to speak in a loud enough voice so that others will hear what they have to say.

❑ Keep track of time and keep things moving, so that the Health Team can finish the entire Exercise during this meeting. If it will not be possible, stop early and have the group decide when and how to finish today's Exercise.

❑ Before the end, make sure that someone is assigned to serve as the facilitator for the next meeting and that a tentative time is set for that meeting.

PLAN FOR EXERCISE # 2

Today we will do Exercise #2, called: Understanding 5 "S" and Applying the 5 "S" in the Workplace.

WHAT IS THE MAIN GOAL OF THIS EXERCISE?

This exercise will help us understand the concepts on the 5 "S", a basic powerful technique for quality improvement.

WHAT WILL WE DO IN THIS EXERCISE?

We will:

1. Discuss the 5 "S" and arrive at a common understanding on the following:

   a. Meaning of the 5 "S" and typical examples

   b. Benefits of the 5 "S" and other initiatives

   c. Facility diagnosis

   d. Implementing 5 "S"

2. Plan to organize a 5 "S" day or "Big Bang" Day for the health facility.

HOW LONG WILL IT TAKE US TO COMPLETE THIS EXERCISE?

We should plan for at least 4 hours if possible.

☞Facilitator:
Ask for a

Understanding and Applying
5 "S" in the Workplace

INTRODUCTION:

The 5 "S" technique is used to establish and maintain quality improvement in an organization or even in a health facility like ours. 5 "S" is the key to a total quality environment and is at times considered to be the first step for an organization or facility embarking on quality assurance.

The name stands for five Japanese words: *Seiri, Seiton, Seiso, Seiketsu* and *Shitsuke* (Osada, 1991). This is one of the most important and powerful techniques for quality improvement but is not widely known in the western world, even in Asia. Except for Japan, this quality improvement tool is underutilized.

STEP 1. UNDERSTANDING THE MEANING OF THE 5 "S" AND TYPICAL EXAMPLES

Now let's work to understand what the 5 Japanese terms mean. The 5 "S" refers to *Seiri, Seiton, Seiso, Seiketsu* and *Shitsuke*. The English equivalent, their meanings and typical examples are shown in the following table:

JAPANESE	ENGLISH	MEANING	TYPICAL EXAMPLE
Seiri	Sort	Organization	Throw away rubbish
Seiton	Systematize	Neatness	30-second retrieval of document
Seiso	Sweep	Cleaning	Individual cleaning responsibility
Seiketsu	Standardize	Standardization	Transparency of storage
Shitsuke	Self-discipline	Discipline	Do 5 "S" daily

Let us understand further the meaning of each "S":

- **Seiri: Sort or Organization.** *This is about separating things that are necessary for the job from those that are not. This also means keeping the number of the necessary things to a minimum and in a convenient location.* Saving things is important but equally worthy is throwing out those that we do not have use for. Let us look at the pictures below.

Before

After

- **Seiton: Systematize or Neatness.** *This is about showing care, orderliness and about efficiency. It is a condition wherein we can quickly get things that we need and likewise can put them away when not in use*, e.g. 30-second retrieval of our client records and being able to put them back just as fast when finished with the client.

  However, this is not about making an arbitrary decision to put away things because this will not make us go any faster but will just slow things (e.g. when we remove the files from our line of sight and put them in a place where it is not easy to get them.) We have to devise a system that everybody understands. Let us refer to the pictures below that show improvements after applying 5 "S."

Before

After

- **Seiso: Sweeping or Cleaning.** *This is about showing concern regarding cleanliness including maintenance of equipment.* Each person in our facility should be responsible for cleaning his/her area. Everyone in the facility, workplace or organization should clean. In fact, everyone should be a janitor, from the head of the facility to the utility worker. Below are pictures of a nurse's area before and after 5 "S."

Before

After

We can start by drawing-up individual areas of responsibility (e.g. nurse is in charge of the treatment room, the doctor is in charge of the consultation area, the midwife is in charge of the reception, etc.) Responsibilities should be clear to and accepted by everybody. There should be no undefined or unallocated areas.

- **Seiketsu: Standardization.** *This means continually and repeatedly maintaining our facility, its orderliness, neatness and cleanliness.* It covers personal and environmental cleanliness and is more focused on "visual management," e.g. transparency of storage so we can always see what is stored in our medicine cabinets or in our storage cabinets. "Visual" management has recently come to the limelight as an effective means of continuously improving like uniforms are in light colors to show cleanliness and neatness in the workplace. Look at the picture below that shows a cabinet where equipment is stored.

- **Shitsuke: Self- Discipline**. After practicing the first four "S," let us instill in each of us the ability to do things the way they are supposed to be done and turn them into good habits. If everyone knows what needs to be done and what bad habits to break, good ones are then formed. Being disciplined means we make rules and we follow the rules. For example, the health staff decides to have a rule on "5-minute cleaning" before going home. The picture below shows how well kept an office is after work hours since the office staff cleans-up before going home.

STEP 2. UNDERSTANDING THE BENEFITS OF 5 "S"

After understanding the 5 "S", let us read on the benefits and advantages of implementing it in our facility. Later, let us decide when and how we want to implement 5 "S" as one of our quality improvement activities.

The Benefits of 5 "S".

- *Improves creativity of our staff*. Once we understand the basic principles of 5 "S", we are challenged to find ways to improve our facility. We share ideas among ourselves, we become creative and try innovations to improve our working conditions.

- *Improves human relations*. Work relations also take on a "human" face or perspective. We become more sensitive to each other, ensuring that our workplace is conducive for doing our job or performing our responsibility.

- *Enhances communication among people*. Planning for and implementing 5 "S" activities improves communication among us because of active sharing and discussion to ensure that action steps are identified and implemented. We communicate to other people for activities involving other organizations, offices and even the community.

- *Improves teamwork*. Since we have identified a common goal of improving the workplace, everybody's contribution to the attainment of that goal or vision is deemed important and our teamwork is strengthened.

Apart from the above benefits, doing 5 "S" means that our:

- Facility/workplace becomes cleaner and better organized
- Working environment becomes safer
- Work becomes easier to do
- Staff become disciplined and proud of their well-organized workplace
- Results become visible to everyone: our Mayor, clients, patients and the community
- Facility becomes attractive to clients and patients

completed forms and tally the results of the survey. The volunteer counts the number of times a question receives a "NO response" and lists the top three questions with "NO' responses.

☞*Facilitator:*

Ask the person assigned to tally to read the results of the survey.

In the event that there will be answers with equal number of "NO" responses ask the group to prioritize further.

STEP 3. INITIATING THE 5 "S":
THE STAFF SURVEY ON HOUSEKEEPING PRACTICES

Let us conduct a quick survey to know what our current housekeeping practices are. This will help us in our planning later on. Let us spend 10 minutes to accomplish this Health Staff Survey Form:

Question	Response	
	Yes	No
1. Do you have written rules or procedures that describe who should be in charge of cleaning the workplace/surroundings and also maintaining equipment? *Shitsuke: Self discipline*		
2. Do you have signs in the health facility to help patients know where to go (e.g. treatment room, comfort room and examination room)? *Seiton:Systematize/Neatness*		
3. Do you regularly (at least weekly) sort your things and throw away those that you do not need in the facility? *Seiri:Sort/Organization*		
4. Do you clean your own work area before going home? *Seiso: Sweep/Cleaning*		
5. Can you retrieve a patient's record in less than 30 seconds and likewise put it back within 30 seconds? *Seiton:Systematize/Neatness*		
6. Does your desk or table contain only the equipment or materials you need from day to day? *Seiri:Sort/Organization*		
7. Do you have individual areas to clean in your facility? *Seiso: Sweep/Cleaning*		
8. Do you do a "5-minute cleaning" of your table and surrounding area before going home? *Shitsuke: Self-Discipline*		
9. Are your uniforms in white or light colors (at least partly)? *Seiketsu:Standardize-Visual Management*		
10. Does your medicine cabinet (or storage shelf) have glass doors wherein you can easily see if everything inside is in order? *Seiketsu:Standardize*		

Let us listen to the results of the quick survey and take note of the responses to the questions that either have "No" responses or have different responses. These are the areas that will be the focus of our attention.

Let us take note of the 3 topmost areas where we had the most number of "NO" answers or those where we had differences in responses. We will write these down as our "S" areas for improvement.

A sample listing is shown below:

☞Facilitator:

Ask the next person to read.

> Sample:
> # 1. Do you have individual areas to clean in your facility? *Seiso: Sweep/Cleaning*
> *(8 out of 8 respondents answered No)*
>
> # 2. Can you retrieve a patient's record in less than 30 seconds and likewise put it back within 30 seconds? *Seiton: Systematize/Neatness*
> *(8 out of 8)*
>
> # 3. Do you have signs in the health facility to help patients know where to go (e.g. treatment room, comfort room, examination room)? *Seiton: Systematize/Neatness (6 out of 8)*

Based on our survey, let us write our top three areas for improvement:

1. _____

2. _____

3. _____

STEP 4: IMPLEMENTING 5 "S"

Planning for and implementing 5 "S" requires commitment from all of us and from our leaders, e.g. Mayor or Barangay Chair. It is important to have a 5 "S" champion to lead us. Let us consider the head of our local quality improvement team (QIT) or quality circle (QC) as our champion and let us identify the major activities we can include as part of our plan for 5 "S."

1. **Let's get the commitment of stakeholders.** Let's get the commitment of our local chief executive (LCE) and top management. We have to sell the idea of 5 "S" to the Mayor (or other influential leaders). Using the results of the survey, let us convince him that it is not good to just get his lip service. He needs to be 100% committed; not just in announcing the start of 5 "S" practice in promoting the campaign, but to commit resources for training and improvements. One example would be for the LCE to issue an "office order" to implement 5"S" in the LGU or facility and to commit resources to support it.

2. **Let's conduct a "Big Bang Day"** with focus on the first three "S":

   ➢ 1st "S" --Sort or Organization. Example would be to throw away things we do not need.

   ➢ 2nd "S" -- Systematize or Neatness. Example would be to name everything we use or assign/put signs for locations. *Make tools or materials and use them like signs for areas in the health facility, labels for medicines, special shelves for files and records, etc.*

   ➢ 3rd "S" -- Sweep or Cleaning. An example would be an all-together housecleaning day.

3. **Let's draw up a promotional campaign for our 5 "S" launch or actual "Big Bang activity."**

4. **Let's meet to review/evaluate the implementation and plan for next 5-S campaign** (apart from "Big Bang Day.") We may use an evaluation tool (Annex B) when we assess how well we are implementing or have implemented 5 "S."

5. **Document or keep records**. Once we start 5 "S" activities, it is necessary to keep records of our decisions, problems encountered, actions undertaken and the results or outputs of our activities in the form of:

   ➢ Minutes notebook that contains minutes of meetings of health team re 5 "S" implementation

   ➢ Photographs or pictures before and after "Big Bang"/monitoring

   ➢ Videos

6. **Roll out orientation on 5 "S".** Since our 5 "S" activities are aimed at eliminating waste and effecting continuous improvement in the workplace, we should expect additional 5 "S" problems to solve. This will not be too difficult for as long as one problem is solved at a time. We must train or orient other people on 5 "S" so that they can devise and implement solutions to their own problems. This makes the 5 "S" initiative self-sustaining. We should conduct regular meetings with all staff members or with other concerned offices to announce results or share problems and exchange ideas and information.

STEP 5. MAKING OUR LOCAL PLAN

Have we decided what our priorities are? If so, we should all write down our group's decision on what to tackle in the next 4 weeks not forgetting to have as our major activity—the "Big Bang Day." The Big Bang will signal the start of "Sorting", "Systematizing" and "Sweeping" activities. Activities also include advocacy meetings, orientation of other staff (roll-out orientation training), meetings and evaluation activities.

We will use the form below to identify the activities, person responsible, timeframe, resource requirements, and indicators of success (status/comments.) We will provide our LCE a copy of this plan his reference.

We will spend at least 30 minutes to decide on our activities.

OUR LOCAL PLAN

Activity	Person Responsible	Time Frame Day/Date	Resource Requirements	Status/ Comments	

That's all for today. Next meeting, we will see how we have improved by implementing the first 3 of the 5 "S" and plan for the remaining "S"— Standardize and Systematize.

END OF SESSION

Annex A.

Survey on Housekeeping Practices

Question	Response	
	Yes	No
1. Do you have written rules or procedures that describe who should be in charge of cleaning the workplace/surroundings and also maintaining equipment? *Shitsuke: Self discipline*		
2. Do you have signs in the health facility to help patients know where to go (e.g. treatment room, comfort room, examination room)? *Seiton: Systematize/Neatness*		
3. Do you regularly (at least weekly) sort your things and throw away those that you do not need in the facility? *Seiri: Sort/Organization*		
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9. Are your uniforms in white or light colors (at least partly)? *Seiketsu: Standardize-Visual Management*		
10. Does your medicine cabinet (or storage shelf) have glass doors wherein you can easily see if everything inside is in order? *Seiketsu: Standardize*		

Annex B.

Tool for Evaluation: 5 "S" Rating form

Facility:		RATING						Date of Evaluation:
ITEM	**CONSIDERATION**							
1. Desks/Tables	▪ Are there items under desks?	10	8	6	4	2	0	
	▪ Are there unnecessary items inside desk drawers?	10	8	6	4	2	0	
	▪ Are items on top of desks neatly arranged for easy retrieval/use?	10	8	6	4	2	0	
	▪ Are desks clean/presentable/without defects?	10	8	6	4	2	0	
2. Chairs	▪ Are chairs clean/presentable/without defects?	10	8	6	4	2	0	
3. Cabinets/Shelves	▪ Are these labeled on the outside to designate contents thereof?	10	8	6	4	2	0	
	▪ Are cabinets/shelves appropriate for the files kept therein?	10	8	6	4	2	0	
	▪ Are the files inside such cabinets/shelves also labeled for easy retrieval?	10	8	6	4	2	0	
	▪ Are cabinets/shelves clean/presentable/without defects	10	8	6	4	2	0	
	▪ Are there unnecessary items on top of cabinets/shelves?	10	8	6	4	2	0	
	▪ Are there unnecessary items inside cabinets/shelves	10	8	6	4	2	0	
4. Beds/Linens	▪ Are beds/examination tables clean and without defects?	10	8	6	4	2	0	
	▪ Are there clean bed linens?	10	8	6	4	2	0	
5. Waiting area	▪ Is there a designated waiting area for children?	10	8	6	4	2	0	
	▪ Is there a designated waiting area for patients?	10	8	6	4	2	0	
	▪ Are there enough chairs for those waiting?	10	8	6	4	2	0	
6. Office Equipment	▪ Are these clean/presentable/without defects?	10	8	6	4	2	0	
	▪ Are they well maintained?	10	8	6	4	2	0	
	▪ Are they conveniently located?	10	8	6	4	2	0	
	▪ Are the wirings of such equipment conveniently located?	10	8	6	4	2	0	
7. Documents/Records	▪ Are there files on the shelves?	10	8	6	4	2	0	
	▪ Are these properly stored/labeled?	10	8	6	4	2	0	
8. Floors/Walls/Blinds/ Ceilings	▪ Are they clean/without defects	10	8	6	4	2	0	
9. Fire Extinguisher	▪ Are they conveniently and strategically located and well maintained?	10	8	6	4	2	0	
10. Lighting/Ventilation	▪ Are they adequate for efficient office operation?	10	8	6	4	2	0	
11. Store Rooms/ Bodegas	▪ Are the items inside properly filed/labeled for easy retrieval?	10	8	6	4	2	0	
	▪ Are they clean/presentable/well-maintained?	10	8	6	4	2	0	
12. General Appearance	▪ Does the workplace present good and creative atmosphere?	10	8	6	4	2	0	
	TOTAL SCORE							

COMMENTS: (Use other sheets)

OBSERVER:

LEGEND: 10 = 100% of population exhibit good 5S for this factor
4 = 40% of population exhibit good 5S for this factor
0 = Good 5S NOT present for this factor